



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 18, 2011

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Pies & Pints, 311 North 8<sup>th</sup> Street requesting a class C liquor license.

Jason Ortmeier, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jason Ortmeier was born in Omaha, Nebraska. He attended the University of Nebraska graduating in 2001.

Jason Ortmeier employment history is as follows:

2010 - Present	Manager, Secco NA	Lincoln, NE.
2009 - 2010	Supervisor, JHM	Lincoln, NE.
2001 - 2009	Analyst, Datatrak	Lincoln, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL**

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

93660

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MAR 23 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

*Jackie*

Applicant Name Pies & Pints, LLC  
JASON MICHAEL ORTMETER

Trade Name Pies & Pints Previous Trade Name \_\_\_\_\_

E-Mail Address: swartz-69@hotmail.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

**REQUIRED ATTACHMENTS**

Each item must be checked and included with application or marked N/A (not applicable)

☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office or law enforcement agency listed in the enclosed fingerprint brochure.

☐ 2. Enclose application fee of \$400, checks made out to the Nebraska Liquor Control Commission.

☐ 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate – Form 3a; Limited Liability Form (LCC) – Form 3b. Corporate Form 3a and LLC Form 3b requires Corporate Manager application – Form 3c. need birth cert.

☒ 4. If building is being leased send a copy of the lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for. need

☐ N/A 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

☐ N/A 6. If buying the business of a current liquor license holder:

- a) Provide a copy of the purchase agreement from the seller (must read applicants name)
- b) Provide a copy of alcohol inventory being purchased (must include brand names and container size)
- c) Enclose a list of the assets being purchased (furniture, fixtures and equipment)



*JK 1004  
400 LS*

N/A 7. If planning to operate on current liquor license; enclose Temporary Operating Permit (T.O.P.)(form 125).

N/A 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

9. See enclosed Applicant Requirements brochure for; citizenship, residency and voter registration requirements. *need birth cert for Sason / ck voter*

*ok* 10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.


11. Submit a copy of your business plan (if applicable).

12. Check with local governing bodies for any further requirements or restrictions.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

*[Signature]*  
Signature

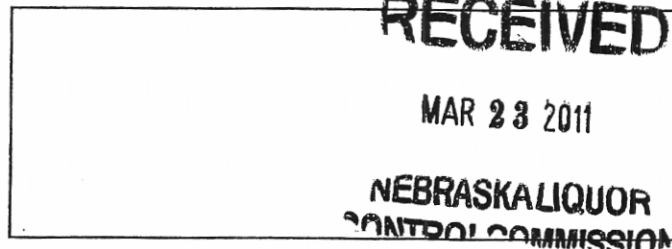
*3/16/11*  
Date

<b>RECEIPT</b>	DATE <u>3/22/11</u> No. <u>166699</u>
	FROM <u>Pies &amp; Pints LLC</u>
	FOR <u>appl</u> <u>FP CK #114 #999</u>
	<div><input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>1004</u> <input type="checkbox"/> MONEY# <u>ORDER</u></div> <div><u>\$ 400 -</u></div>
Received by <u>[Signature]</u>	

**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

45 days = 5/19/11



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS(S)**

**RETAIL LICENSE(S)**

Application Fee \$400

- ☐ A BEER, ON SALE ONLY  
☐ B BEER, OFF SALE ONLY  
✓ ☒ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE  
☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY  
☐ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY  
☐ AB BEER, ON AND OFF SALE  
☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE  
☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY  
☐ ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- ☐ Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31  
All other licenses run from May 1 – April 30  
Catering license (K) expires same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

- ✓ ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☐ Corporate License (requires insert form 3a & 3c)  
☒ Limited Liability Company (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**

Commission will call this person with any questions we may have on this application

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_



**PREMISE INFORMATION**Trade Name (doing business as) PIES & PINTSStreet Address #1 811 N. 8<sup>th</sup> ST SUITE 1

Street Address #2 \_\_\_\_\_

City LINCOLNCounty LANCASTER

#2

Zip Code 68508Premise Telephone number 1-402-853-1210

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the Commission)

Name PIES & PINTS LLC

Street Address

#1 811 N. 8<sup>th</sup> ST. SUITE 1

Street Address

#2 \_\_\_\_\_

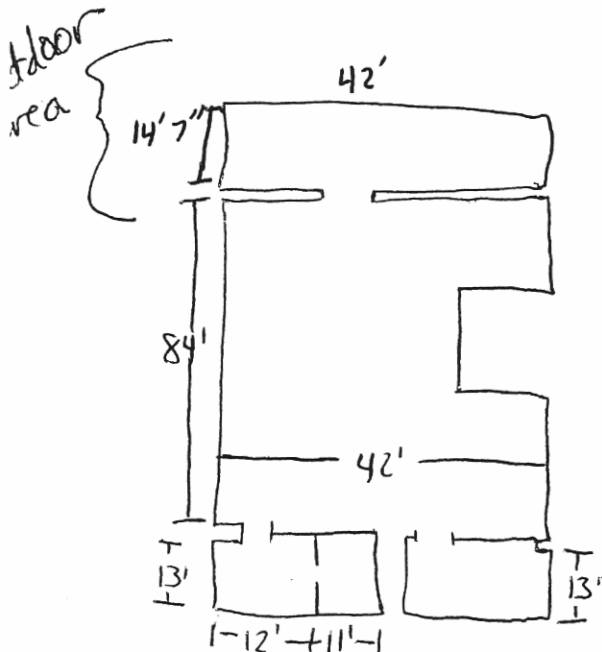
City LINCOLNState NEZip Code 68508**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 97' feetWidth 42' feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



Basement area only of 4-sty  
bldg apprx. 97' x 42'  
incl outdoor area apprx.  
42' x 15'

## APPLICANT INFORMATION

MAR 23 2011

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to a crime, NEBRASKA LIQUOR means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Christopher Chmelka	07/2007	Tuscaloosa, AL	DUI	Fine, paid
Christopher Chmelka	07/1999	Lincoln, NE	Drinking in Park	Fine, paid
Christopher Chmelka	01/1995	Lincoln, NE	Illegal Fireworks	Fine, paid
JASON DITMEIER	05/1994	Omaha, NE	Reckless/Careless Driving	Fine, Diversion, paid
JAMES WATERBURY	02/1985	Lincoln, NE	Reckless Driving	Fine, Paid
JAMES WATERBURY	05/1990	Lincoln, NE	DUI	Fine, 20 Days Jail

### 2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

### 3. Was this premise licensed as a liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number Swite One pub

### 4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- a) Attach temporary operating permit (form 125)
- b) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

### 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender FIRST State Bank

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. (All involved persons must be disclosed on application)

---

**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such item(s) and the owner. \_\_\_\_\_

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

FIRST STATE BANK, - Christopher Chmelka, James Waterbury, Jason Ortmeier

12. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

N/A

13. List the alcohol related training and/or experience (when and where) of the person(s) making application. These persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

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NEBRASKA LIQUOR

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
JASON ORTMEIER	TAKING April 2011	Approved Alcohol Serving - Online Through UNL - Certified
CHRISTOPHER CHMELKA	TAKING April 2011	Approved Alcohol Serving - Online Through UNL - Certified

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date April 30, 2016
- ☐ Deed
- ☐ Purchase Agreement

15. When do you intend to open for business? May 1st, 2011

16. What will be the main nature of business? Bar and Pizza Parlor

17. What are the anticipated hours of operation? Mon - Sunday 10:00 am to 2:00 am

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE						
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR		
JASON ORTMEIER: LINCOLN NE	FROM	TO	KELLI ORTMEIER: LINCOLN, NE	FROM	TO	
<del>JASON</del> 5620 Abbey Ct. #68, Lincoln, NE	8/08	Present	5620 Abbey Ct. #68, LINCOLN, NE 68505	8/08	Present	
4335 N 1st Apt. 236, Lincoln, NE 68511	7/04	8/08	4335 N. 1st Apt. 236, Lincoln, NE 68511	7/04	8/08	
3711 FAULKNER AVE Apt. 301, Lincoln, NE 68516	6/03	7/04	3711 FAULKNER AVE Apt. 301, LINCOLN, NE 68516	6/03	7/04	
3741 FAULKNER AVE Apt. 111, Lincoln, NE 68516	5/02	6/03	3741 FAULKNER AVE Apt. 111, LINCOLN, NE 68516	5/02	6/03	
3335 Curtis Dr. Lincoln, NE 68512	5/01	5/02	3335 Curtis Dr., Lincoln NE 68512	5/01	5/02	

If necessary attach a separate sheet.

see attached for rest  
of info

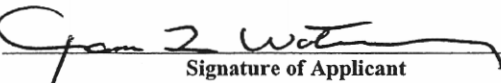
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.


Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓   
\_\_\_\_\_  
Signature of Applicant

✓   
\_\_\_\_\_  
Signature of Spouse

✓   
\_\_\_\_\_  
Signature of Applicant

✓ N/A  
\_\_\_\_\_  
Signature of Spouse

✓   
\_\_\_\_\_  
Signature of Applicant

✓   
\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

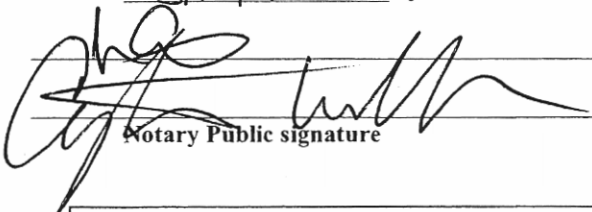
\_\_\_\_\_  
Signature of Spouse

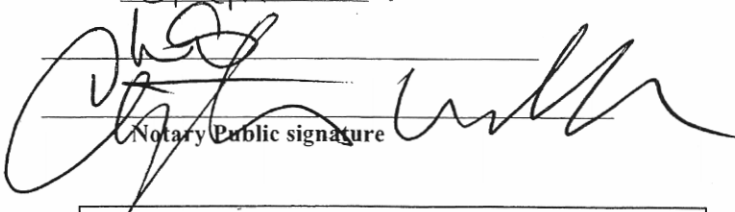
State of Nebraska  
County of Lancaster

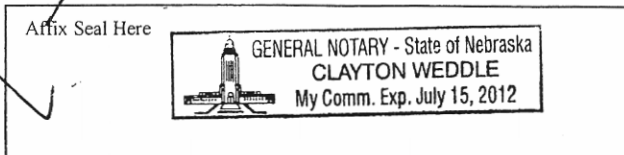
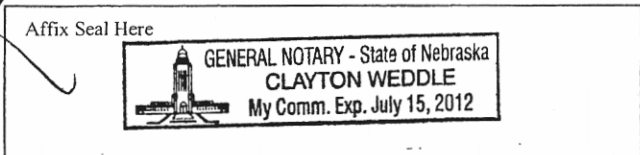
County of Lancaster

The foregoing instrument was acknowledged before me this 3/16/11 by \_\_\_\_\_

The foregoing instrument was acknowledged before me this 3/16/11 by \_\_\_\_\_

  
\_\_\_\_\_  
Notary Public signature

  
\_\_\_\_\_  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

BC voter reg

Corporate/Partnership/LLC information

Name of Corporation/LLC: Pies & Pints LLC

Premise information

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

Premise Trade Name/DBA: Pies & Pints

Premise Street Address: 311 North 8th suite 1

City: Lincoln Zip Code: 68508

Premise Phone Number: 402-853-1210

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below:



CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below. PLEASE PRINT CLEARLY.

Gender: ☒ MALE ☐ FEMALE

Last Name: ORTMEIER First Name: JASON MI: M

Home Address (include PO Box if applicable): 5620 ARBEY CT #68

City: LINCOLN State: NE Zip Code: 68505

Home Phone Number: 402-304-3881 Business Phone Number: 402-838-1241

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Omaha, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

*Spousal*

Spouse's information

Spouses Last Name: ORTMEIER First Name: KELLI MI: M

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Honolulu, HI

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
5620 Arbey Ct #68, Lincoln, NE 68505	8/08	Present	5620 Arbey Ct #68, Lincoln, NE 68505	8/08	Present
4335 N 1st #236, Lincoln, NE 68521	7/04	8/08	4335 N 1st #236, Lincoln, NE 68521	7/04	8/08
3741/3711 #111, #301 Faulkner Ave, Lincoln, NE 68516	5/02	7/04	3741/3711 #111, #301 Faulkner Ave, Lincoln, NE 68516	5/02	7/04
3335 Curtis Dr, Lincoln, NE 68512	5/01	5/02	3335 Curtis Dr, Lincoln, NE 68512	5/01	5/02

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
JAN 2011	Present	Serco - North America	Dawn Lewandowski	1-402-416-6286
APR 2001	JAN 2011	SCOTT	DANIEL SHANE	1-402-488-9554



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1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

NEBRASKA LIQUOR

CONTROL COMMISSION

Has anyone who is a party to this application, or their spouse, EVER been convicted or pled guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES      ☐ NO      If yes, please explain below or attach a separate page.

May of 1994, Jason Ortmeier was charged with reckless and careless driving in Omaha, NE. Court ordered to take 16 hours of diversion driving class, pay fine and court costs. All court orders were satisfied.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES      ☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES      ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES      ☐ NO

prints enclosed

5. Do you have any experience in selling alcohol in the State of Nebraska?  
If so list training and/or experience (when and where)

Date:	Where:
Taking in April 2011	UNL ONLINE Certified Alcohol Beverage Responsible Serving

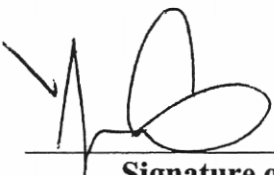


**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

  
Signature of Spouse

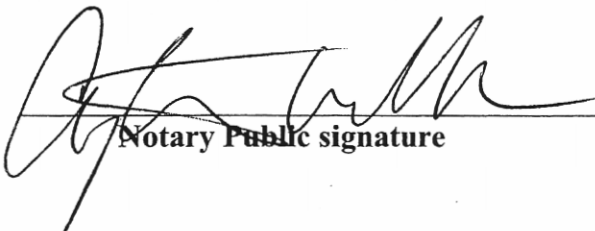
State of Nebraska

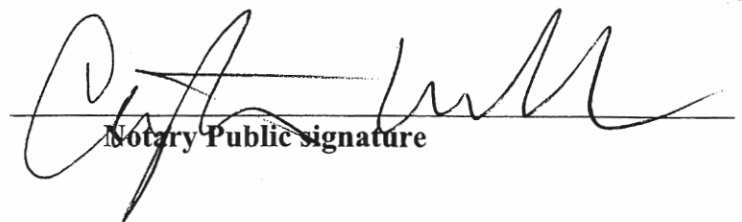
County of Lancaster

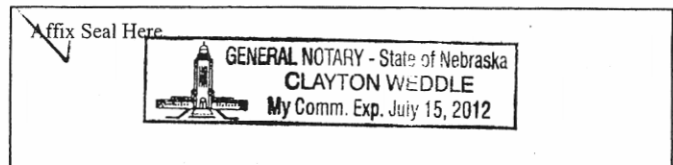
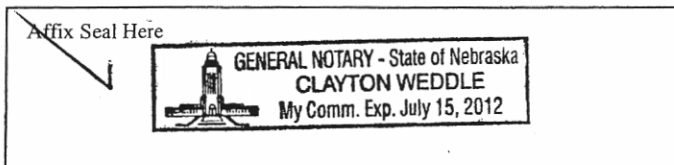
County of Lancaster

The foregoing instrument was acknowledged before me this 3/16/11 by

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Notary Public signature

  
Notary Public signature



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

REV 1-88

TRIPlicate to be  
given to the child's parent

## STATE OF NEBRASKA - DEPARTMENT OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF LIVE BIRTH

128

TYPE OR PRINT IN  
PERMANENT INK

CHILD	CHILD - NAME		FIRST		MIDDLE		LAST		SEX		DATE OF BIRTH		COUNTY OF BIRTH		
	JAMES		MICHAEL		JAMES		MICHAEL		M		03/24/2011		DODGE		
MOTHER	GIFT, TOWN, OR LOCATION OF BIRTH		INSIDE CITY (STATE)		HOSPITAL - STREET		IF NOT IN HOSPITAL, GIVE STREET AND NUMBER		MOTHER - MAIDEN NAME		FIRST		MIDDLE		
	Dodge		Lincoln		St. Joseph's Hospital				JAMES		MICHAEL		JAMES		
FATHER	RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		ZIP CODE		MOTHER - CITY, TOWN, OR LOCATION		ZIP CODE		STREET AND NUMBER		
	Nebraska		Dodge		Lincoln		68508		Dodge		68508		1125 N. 11th Ave		
CERTIFIED	FATHER - NAME		FIRST		MIDDLE		LAST		AGE - LAST BIRTH OF THIS MOTHER		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		RELATION TO CHILD		
	MICHAEL		JAMES		MICHAEL		MICHAEL		28		Nebraska		Father		
INFORMANT - NAME OF SIGNATURE		JAMES		MICHAEL		JAMES		MICHAEL		DATE SIGNED		SIGNOR DAY		ATTENDING DAY	
JAMES		MICHAEL		JAMES		MICHAEL		JAMES		03/24/2011		03/24/2011		03/24/2011	
IN SIGNATURE		JAMES		MICHAEL		JAMES		MICHAEL		MAILING ADDRESS		CITY OR TOWN, STATE, ZIP		DATE RECEIVED BY LOCAL REGISTRAR	
JAMES		MICHAEL		JAMES		MICHAEL		JAMES		1060 Agency Circle		68114		03/24/2011	
REGISTRAR - SIGNATURE		JAMES		MICHAEL		JAMES		MICHAEL		DATE RECEIVED BY LOCAL REGISTRAR		CITY OR TOWN, STATE, ZIP		DATE RECEIVED BY LOCAL REGISTRAR	
JAMES		MICHAEL		JAMES		MICHAEL		JAMES		03/24/2011		03/24/2011		03/24/2011	

The original of the above certificate is required to be filed with the Bureau of Vital Statistics, State Department of Health, Lincoln, Nebraska 68508, as permanent depository.

A certified copy of the original birth certificate may be obtained by you upon application and the statutory fee of \$3.00 in cash or money order. Please supply the following identifying information: CHILD'S NAME, DATE OF BIRTH, PLACE OF BIRTH, FATHER'S NAME, MOTHER'S MAIDEN NAME, NAME OF ATTENDING PHYSICIAN.

Copies to serve all purposes must be certified by office authorization to file such records.

In the case of additions or corrections to be made, notify the Bureau of Vital Statistics within thirty days.

NOTE: Important information for your child's health on reverse side.

RECEIVED

MAR 24 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

MAR 23 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Kelli Ortmeier

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Kelli Ortmeier

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

3/16/11

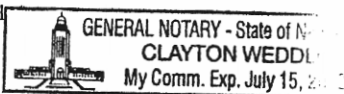
date

by

name of person acknowledged

[Signature]  
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]

Signature of individual involved with application  
(Spouse of individual listed above)

JASON ORTMEIER

Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

3/16/11

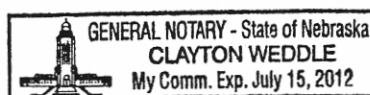
date

by

name of person acknowledged

[Signature]  
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
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MAR 23 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

- 1) All members and spouses must be listed
  - 2) Managing member or contact member must sign
  - 3) Managing member and spouse must file fingerprint cards.
- Spouse may file affidavit of nonparticipation in lieu of fingerprint cards.

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent:

Jason Michael Ortmeier

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

PIES & PINTS LLC

LLC Address: 311 N. 8<sup>th</sup> SUITE 1

City: Lincoln

State: NE

Zip Code: 68508

LLC Phone Number: \_\_\_\_\_

LLC Fax Number N/A

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: ORTMEIER

First Name: JASON

MI: M

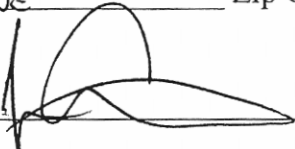
Home Address: 5620 ABBEY CT Apt 68

City: LINCOLN

State: NE

Zip Code: 68505

Home Phone Number: 402-304-3881

  
Signature of Managing/Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

3/16/11

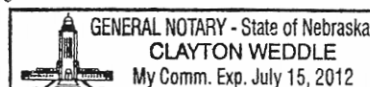
date

by 

name of person acknowledged

  
Notary Public signature

Affix Seal Here



**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
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Office Use

**RECEIVED**

**MAR 23 2011**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Stephanie Chmelka

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Stephanie Chmelka

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

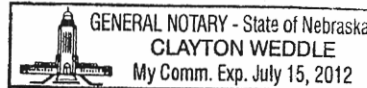
The foregoing instrument was acknowledged before me this

by

name of person acknowledged

3/16/11  
date  
[Signature]  
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]  
Signature of individual involved with application  
(Spouse of individual listed above)

Chris Chmelka

Printed name of applying individual

State of Nebraska

County of Lancaster

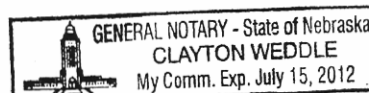
The foregoing instrument was acknowledged before me this

by

name of person acknowledged

3/16/11  
date  
[Signature]  
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**Submit in Duplicate**

<http://www.nol.org/home/SOS/>



**NEBRASKA LIQUOR  
CONTROL COMMISSION**

***under the Nebraska Limited Liability Company Act.***

Description of Property	Agreed Value



LLC ARTICLES OF ORGANIZATION (Continued)

Page 2

Total additional contributions agreed to be made by all members and the times at which, or events upon the happening of which such contributions shall be made:

None

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Members ☒ shall or ☐ shall not have the right to admit additional members (check)

If additional members are allowed the terms and conditions of admission:

Upon the terms and conditions agreed upon by the members and as set forth in the operating agreement of the company.

The company will be managed by ☒ managers or ☐ members (check one). List the name and address of the managers or, if the management is reserved to the members, the name and address of the members:

Name

Jason Ortmeier

Address

c/o:

Pies & Pints LLC

5620 Abbey Ct. Apt. 68

Lincoln, Nebraska 68505

Attach additional pages if needed for additional managers or members. If the LLC has more than one class of membership please attach additional pages with the name or description of each class of membership and the names and addresses of the members in each class.

**LLC ARTICLES OF ORGANIZATION (Continued)**

**Page 3**

Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization for the limited liability company:

**RECEIVED**

MAR 23 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

Only one signature is required; additional persons may sign:

Signature

LegalZoom.com, Inc. (Organizer)

By: Karla Figueroa, Authorized Officer

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

**FILING FEE: \$100.00 plus \$5.00 per page and \$10.00 for certificate of organization**

Revised 12/20/2000

Neb. Rev. Stat. 21-2606